

## COMPREHENSIVE LAND USE AMENDMENT

Date: \_\_\_\_\_

The City of Atlanta  
Department of Planning and Community Development  
Bureau of Planning  
68 Mitchell Street, South Building, Suite 3350  
Atlanta, Georgia 30335-0310

RE: CDP Land Use Amendment Application

Dear Sir/Madam:

I hereby request that the Comprehensive Development Plan (CDP) land use designation for (*address of property*) \_\_\_\_\_ be amended from (*existing land designation*) \_\_\_\_\_ to a designation that will allow it to be rezoned from (*existing zoning classification*) \_\_\_\_\_ to (*proposed zoning classification*) \_\_\_\_\_.

Notarized authorization of any and all property owner (s) indicating consent to this request have been made a part of this application. I understand that my application for a CDP amendment is subject to a review by the Neighborhood Planning Unit (NPU) in which the property is located, and I agree to contact the Chairperson of that NPU to request consideration of my application. I further understand that I am required to submit an application fee for the CDP amendment in an amount of \$1,000.00. I have submitted a complete description of the proposed development project, including type of land use, number of units and /or square footage, floor area ratio(s), and lot coverage ratio. Furthermore the following information has also been included:

1. Whether the proposed land use change will permit uses that are suitable in view of the use and development of adjacent and nearby property.
2. Whether the proposed land use change will adversely affect the existing use or usability of adjacent or nearby property.
3. Whether the proposed land use change will result in uses which will or could cause excessive or burdensome use of existing streets, transportation facilities, utilities or schools.
4. Whether the amendment is consistent with the written policies in the Comprehensive Plan Text.
5. Whether there are environmental impacts or consequences resulting from the proposed change.

I filed an application (Z-\_\_\_\_-\_\_\_\_) for rezoning of the subject property on (*date*)\_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Address of Applicant

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number of Applicant

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Applicant informed of CDP hearing schedule

**Attachment 6-Rezoning**

